

HOW TO TRIAGE A PATIENT

We have all had to deal with a patient who is calling or has walked into the clinic with an eye emergency. How do you figure out if it is actually an emergency? How do you know when to book them in for an appointment? Should they be seen today? Or can the appointment wait for tomorrow or the next available appointment time. We never want to unnecessarily panic a patient about an eye emergency either. This document will go over how to correctly triage a patient with an eye emergency and will provide a guideline for when to book the patient for an appointment.

ASKING THE RIGHT QUESTIONS

Asking the right questions can help you determine what a patients needs are and how to best accommodate them. Take a look at the Triage Questions page of this document, if you utilize this form and a patient answers “Yes” to any of the questions in **RED** then they require an appointment at some time that day if not as soon as possible

EYE CONDITIONS

There are many reasons that a patient could call into the clinic claiming that they have an eye emergency. Here is a listing and brief description of the most common reasons that a patient will call.

IMPORTANT: Please remember to check with your doctor if you are unsure whether a patient requires an emergent appointment. Sometimes the clinic location or doctor availability can play a role in how to deal with eye emergencies, in these cases always check with your doctor before booking an appointment.

Dilated Pupil or Pupil Size Disparity Summary:

1. If after recent trauma, refer to their primary care physician or to the Emergency Room.
2. If longstanding, or no loss of vision, schedule at next available time slot.
3. If accompanied by vision loss or diplopia, see that day or refer.

Lid Bumps and Lumps Summary:

Schedule patient at next available appointment unless he/she is in pain.

Ptosis or “Droopy Lid” Summary:

Schedule at the next available time, unless other conditions such as vision loss or pain are present.

Itching Summary:

1. Assure patient that itching is not an emergency.
2. Schedule as soon as schedule will allow.

Flashes Summary:

1. See patient on same day for a dilated exam.
2. If it’s not possible to see the patient, refer to someone who can on that same day.

Floaters Summary:

1. See patient on same day for a dilated exam.
2. If it’s not possible to see the patient, refer to someone who can on that same day.

Pain Summary:

1. Attempt to determine how much pain a person is in.
2. See patient the same day if pain is moderate to severe, or if accompanied by vision loss.
3. Ask your Doctor if you are unsure.

Eyelid Twitching Summary:

1. Reassure patient that it is not an urgency.
2. Schedule at the next available appointment.

White Pupil Summary:

1. Determine age of patient.
2. Determine if there is sudden vision loss.
3. In cases of children or elderly with sudden onset of vision loss, see them the same

Decreased or Distorted Vision Summary:

1. If acute, see patient that same day.
2. Consult your Doctor in questionable cases.

Glare / Haloes / Light Sensitivity / Photophobia Summary:

1. If the complaint is severe, there is vision loss, or the presentation is acute, the patient should be seen or referred the same day for evaluation.
2. If the patient has had recent surgery, they need to be seen the same day.
3. If neither of the above two conditions apply, schedule at the next available time slot.

Discharge/Tearing Summary:

1. Ask the patient –
 - Whether it’s mucous or watery.
 - If it is painful.
 - If there has been vision loss.
 - If there is severe mucous discharge, pain, or vision loss, see the patient that day.
2. If none of the above symptoms are present, see at next available time.

Corneal / Conjunctival Abrasion Summary:

Have patient come in on same day.

Foreign Body / Penetrating Trauma Summary:

1. Attempt to determine the nature of the injury and whether it is penetrating or not.
2. If the injury is definitely severe or penetrating, refer to an ocular surgical center or the Emergency Room.
3. Make sure to instruct the patient, or those present, **not to remove the object**.
4. If there is no penetration, see the patient on the same day.

Welder’s Flash Summary:

See patient on same day, or refer.

Chemical Splash Summary:

1. Minor ocular or facial chemical splashes should be seen same day e.g. Hydrogen contact lens solution but any significant ocular or facial splash should be forwarded to ER and/or the ophthalmologist on call immediately.

Red or “Bleeding” Eye Summary:

1. Ask the patient if blood is actually coming out from the eye (can it be collected on a tissue?).
2. Ask about discharge, pain, nausea, etc.
3. See patient same day if any of the above symptoms are present.
4. About the only time you would not need to see a patient on the same day is if they complain of a “red spot on the white part of their eye” and there was no pain or loss of vision.

Lid Swelling Summary:

1. Determine if it is painful or not.
2. If it is painful, see on the same day.
3. If it is not painful, schedule for next available appointment

Burning Eyes Summary:

1. Ask patient –
 - About time of onset.
 - To grade severity of burning
 - If mucous discharge is also present.
 - If vision is affected.
2. See patient on the same day if burning is severe, discharge is present, or vision is decreased.
3. Schedule patient for next available appointment if none of the above conditions apply.
4. Consult your Doctor if you are uncertain.

Diplopia Summary:

1. If diplopia is of recent onset and binocular, see as soon as possible.
2. If diplopia is longstanding, see at next available appointment.
3. If diplopia is monocular and there is a history of macular degeneration, see within 1 -2 days.
4. Do not dilate patients prior to the Doctor seeing them in cases of binocular diplopia.

Blunt Trauma Summary:

See patient on same day for a dilated exam or refer.

Headache:

Warning Symptoms and Signs of a Serious Problem

- | | |
|---|---|
| <ul style="list-style-type: none"> • Scalp Tenderness • Fever • Neurological signs • Decreased vision • Rapid weight loss • Nausea • Altered behaviour | <ul style="list-style-type: none"> • Pain with chewing • Stiff neck • History of trauma or brain surgery • Headaches that wake person from sleep • Headaches in the same location time after time • Headaches that do not respond to normal medications |
|---|---|

Headache Summary:

1. Try, if possible, to determine the severity of the headache, given the above guideline.
2. See or refer on the same day if the condition is potentially severe.
3. Ask your Doctor in questionable cases.

TRIAGE QUESTIONS*

What is the problem? How did it happen? Have you experienced this before? Have you had any ocular trauma or surgery lately? When did the symptoms start? Are the symptoms constant or intermittent? Was the onset sudden or gradual? Are the symptoms getting better or worse? In which eye, or is it happening in both eyes?

SEE?	LOOK?	FEEL?
<p>Clarity: How is your vision? Is there a gradual or sudden change in how well you see?</p> <p>Do you have trouble reading at a distance? Do you have trouble reading or seeing up close?</p> <p>Glare/Halos: Do you have glare? Halos?</p> <p>Loss of Vision: Are there any new blind spots in your vision? Do you see a curtain/veil over your vision?</p> <p>Double Vision: Do you see double? Is the double vision new? Is it like a shadow, or truly two images? Are they side by side? Or one on top of the other? Does the double vision go away when you close one eye?</p> <p>Flashes and Floaters: Do you see flashes of light or floaters? Do you see a few or many floaters?</p> <p>Light Sensitivity: Are your eyes sensitive to light? Do you need to wear sunglasses inside? Are you keeping your eyes shut?</p> <p>Ocular Migraines: (kaleidoscope, zigzag lines, double, distorted, blacks out)</p> <p>Relief: Does anything you do make the vision better/worse?</p>	<p>Redness: Is your eye red? What part of your eye is red? The white part? The colored part? The eye lid(s)? Bumps on your eyelids, forehead, cheeks, nose, lips?</p> <p>Is there pain associated with the redness? Anyone else around you with red eyes?</p> <p>Swollen: Are you eyelids swollen? Are they red? Are they bleeding or oozing?</p> <p>Drainage/Bleeding: Is there any drainage or tears? What color is the drainage? Is it thick drainage or watery discharge?</p> <p>Droopy Lid/Brow: Are your eyelids droopy in one or both eyes? Is this new? Any other changes in your eyes or face?</p> <p>Cuts, Bruises, Abrasions: Are there any cuts, scrapes, or bruising?</p> <p>Pupils: Are your pupils the same size as each other? Is this difference in size new?</p> <p>Overall Appearance Factors: Does your eye look normal? Any other part of your face look different, droopy, asymmetrical, or worse?</p> <p>Relief: Does your eye look better/worse at certain times?</p>	<p>Discomfort: Do you have eye pain, burning/stinging/soreness? Do your eyes feel dry/itchy/irritated?</p> <p>Where Is the Discomfort? Inside/outside the eye? Eyeball vs. on the lids? Around the brow/temple/scalp/jaw?</p> <p>Severity of Discomfort: Describe how your eye feels. On a scale from 1 to 10, rank your eye pain (0=none, 10=extremely bad).</p> <p>Timing: When did the discomfort start? Does the discomfort fluctuate? What seems to make it better/worse?</p> <p>Foreign Bodies: Can you describe what got in your eye (rock, plant material/wood, chemical, etc.)? *If a chemical in the eye, RINSE PRO-FUSELY and/or go to the emergency room.</p> <p>Scratches and Chemical Injuries: Did something scratch your eye? Did something get into your eye? Is it still there? What is it?</p> <p>Blinking: Does blinking make it better/worse?</p> <p>Overall Feeling: Any headache, nausea, vomiting, dizziness? Numbness in your face/body? Changes in use of one side of your body?</p> <p>Relief: Does anything relieve the discomfort?</p>

*Note that for the See, Look, and Feel questions above, any "yes" answers to questions appearing in red indicate a more serious problem. Triage personnel must be familiar with the practice's specific guidelines to ensure the patient receives the proper direction and/or is scheduled appropriately.

Condition	Symptoms	Non-urgent	Urgent - Soon	Urgent - Today	EMERGENCY!	EMERGENCY!
		Next available appointment	See within 48 hours	See at earliest convenience Today!	See them <u>Right Away</u> or refer them to someone who can!	Refer them to the closest Emergency Room or Hospital
LIDS						
Bumps and Lumps	Bumps and or lumps forming on the eyelid (inside or out)	X				
	Accompanied by pain		X			
Ptosis	Drooping lids	X				
	Accompanied by pain or vision loss			X		
Twitching	Twitching of eyelid (upper or lower)	X				
Swelling	Swelling of the eyelids	X				
	Accompanied by pain			X		
PUPILS						
Pupil size disparity	One pupil is larger or smaller than the other one - longstanding	X				
	Due to recent trauma				X	
	Accompanied by pain or vision loss			X		
White Pupils	Elderly patient	X				
	Accompanied by sudden vision loss			X		
	Child presenting with white pupil				X	
VISUAL						
Flashes	New onset of flashing lights				X	
Floaters	Sudden onset or drastic changes of floaters in vision			X		
	Accompanied by flashes				X	
Decreased or distorted vision	Sudden onset				X	
	Over a period of days			X		
	Over a period of weeks or longer	X				
Light Sensitivity	Severe with sudden onset or vision loss				X	
	Recent surgery			X		
	If neither of the above	X				
	Halos and glare around lights			X		
Diplopia (double vision)	Longstanding	X				
	Persistent				X	
	Intermittent	X				
	Any voluntary control over it?	X				
	Sudden onset				X	
	History of Macular degeneration		X			
	Binocular			X		
	Monocular		X			
Cloudy Veil					X	
Curtain rising or falling in front of vision					X	

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IRRITATION/PAIN						
Pain	Mild to moderate		X			
	Moderate to severe			X		
	Accompanied by vision loss				X	
Itching		X				
Burning eyes	Severe			X		
	Discharge is present			X		
	Vision is affected			X		
	Over a period of days or weeks	X				
	Mild to moderate discomfort	X				
Discharge or Tearing	Watery discharge (tears)	X				
	Mucousy discharge		X			
	Accompanied by pain and vision loss			X		
Red or Bleeding eye	Blood coming out of the eye				X	
	Accompanied by pain and nausea			X		
	Accompanied by discharge			X		
	Red spot covering the Iris			X		
	Red spot on the white of the eye		X			
Headache	Common	X				
	Accompanied by scalp tenderness			X		
	Decreased vision or vision loss				X	
	Altered behaviour			X		
	Accompanied by nausea			X		
TRAUMA						
Abrasion	Something scratched the eye			X		
Foreign body	Something in the eye			X		
	Penetrating injury					X
Blunt trauma				X		
Ruptured Globe	Trauma accompanied by a "gush of clear fluid"					X
Welders Flash	Complaints of pain, watering, and redness after being near a welder			X		
Chemical Splash	IRRIGATE WITH SALINE OR WATER FOR AT LEAST 15 MINUTES!!					X
OTHER						
Broken or lost glasses - No Backup				X		
Dilation	Always let them know they will require a driver	X				